



Montana Public Employee Retirement Administration
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<http://mpera.mt.gov>

VOLUNTEER FIREFIGHTERS' COMPENSATION ACT (VFCA) BENEFICIARY DESIGNATION

MEMBER INFORMATION			
Last Name		First Name, MI	Social Security Number*
Date of Birth / /		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Mailing Address
City		State	Zip Code
Daytime Phone Number ()		Email Address	
Entry Date		Fire Company/Fire Service Area/Rural Fire District	
BENEFICIARY DESIGNATION			
Statutory Beneficiaries: Your statutory beneficiary is your spouse. If you have no spouse, your dependent children are your beneficiaries. - <i>attach additional list if necessary.</i>			
Full Name of Spouse		Gender	Birth Date SSN*
		<input type="checkbox"/> M <input type="checkbox"/> F	
Full Name of Dependent Children (if no spouse)		Birth Date	SSN*
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
REQUIRED SIGNATURES			
Member Signature			Date
Witness Name Printed (not a beneficiary)		Signature	Date

Original signatures are required. MPERA cannot accept faxed or photocopies of this form.

This form must be filed with MPERA before any changes will take effect.

* For identification and tax purposes. §19-2-403(8) MCA, 26 USC § 6109.